

change name, mailing address, contact, contact address, owner, owner address, type  
add waste codes

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM  
MAINTENANCE FORM FOR EPA NOTIFICATION

I. EPA-ID# WV0988781787 Date: 2-28-97

II. FACILITY NAME Raines Dale E Inc

NEW FACILITY NAME

Name Change Sam Johnson Used Cars + Trucks

III. LOCATION OF INSTALLATION

Street

City/Town State Zip

County Code County Name

IV. INSTALLATION MAILING ADDRESS

Street 300 Virginia St W

City/Town State Zip 25302

V. INSTALLATION CONTACT

Last Name Johnson First Sam

Job Title Owner Phone # ( )

VI. INSTALLATION CONTACT ADDRESS

Street 300 Virginia St W

City/Town State Zip 25302

VII. OWNERSHIP

Name of Legal Owner Sam Johnson

Street

City/Town State Zip

Phone # ( ) Land Type Owner Type

IX. WASTE CODES

Delete Old Waste Codes

Add New Waste Codes


D006			
D008			
D018			
D035			
D039			
D040			

Updated in RCRIS by:

66 3/7

HST

Date:

3-5

**VIII A. Hazardous Waste Activity**

- |    | Type        | RCRA Reg.<br>Status | RCRA Reg.<br>Desc. |
|----|-------------|---------------------|--------------------|
| 1. | Generator   | _____               | _____              |
| 2. | Transporter | _____               | _____              |
| 3. | TSD         | _____               | _____              |
- Mode of Transportation for Transporter  
Air \_\_\_\_\_ Rail \_\_\_\_\_ Highway \_\_\_\_\_ Water \_\_\_\_\_ Other \_\_\_\_\_
4. **HWF Burner/Blender:**  
B Boiler and/or Industrial Furnace (BIF) only.  
D BIF only; Smelter Deferral.  
E BIF only; Small Quantity Exemption Claimed.  
N Not a Burner/Blender, Verified.  
X Other Burner/Blender Activity.  
Blank Unverified.
- a. **HWF Marketing to Burner:**  
X Code indicates that the Handler is a generator engaged in marketing burners of hazardous waste fuel activities.
- b. **HWF Other Marketers:**  
X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.
- c. **HWF Boiler/Industrial Furnace:**  
B Boiler and/or Industrial Furnace (BIF) only.  
X Indication of Activity.
5. **Underground Injection Control:**  
X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.

**VIII B. Used Oil Recycling Activities**

1. **Used Oil Recycling Activities**
- a. **Used Oil Marketer to Burner:**  
X Marketer directs shipments of used oil to burners.
- b. **Used Oil Other Marketers:**  
X Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner(e.g., marketing to UO refinery).
2. **Used Oil Burner:**  
X Indication of Activity.
- Burner Types:**  
Utility Boiler \_\_\_\_\_ Industrial Boiler \_\_\_\_\_ Industrial Furnace \_\_\_\_\_  
H=Hazardous Waste Fuel U=Used Oil Fuel B=Both
3. **Used Oil Transporter:**  
T=Transporter \_\_\_\_\_ F=Transfer \_\_\_\_\_ B=Both
4. **Used Oil Processor/Re-refiner:**  
P=Process Only \_\_\_\_\_ R=Refine Only \_\_\_\_\_ B=Both

Base print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

WV D 988 781 787

## II. Name of Installation (Include company and specific site name)

Sam Johnson Used Cars & Trucks

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

300 Virginia St W

Street (Continued)

City or Town

Charleston

State

Zip Code

WV 25302-

County Code

County Name

039 Kanawha

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

300 Virginia St W

City or Town

Charleston

State

Zip Code

WV 25302-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

Johnson

(First)

Sam

Job Title

Owner

Phone Number (Area Code and Number)

304-343-8352

## VI. Installation Contact Address (See Instructions)

A. Contract Address  
Location Mailing Other

☒
☐
☐

B. Street or P.O. Box

300 Virginia St W

City or Town

Charleston

State

Zip Code

WV 25302-

FEB 28 1997

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Sam Johnson

Street, P.O. Box, or Route Number

300 Virginia St W

City or Town

Charleston

State

Zip Code

WV 25302-

Phone Number (Area Code and Number)

304-343-8352

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed) Month Day Year

01 10 1997

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Referral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	1. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine
Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify		

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)			
1. Ignitable (D001) <input checked="" type="checkbox"/>	2. Corrosive (D002) <input type="checkbox"/>	3. Reactive (D003) <input type="checkbox"/>	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) D039 D040 D006 D008 D018 D035

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)


1	2	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature 	Name and Official Title (Type or print) Sam Johnson President	Date Signed 1-23-97
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## XI. Comments

RECEIVED

WAS Dale RAINES INC.

FEB 13 1997

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Division of Environmental Protection  
Office of Waste Management

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*****
*                               RCRIS: Notification View Screen 2 of 6                               *
*****
*EPA ID: WVD988781787      Other ID:                               Merge Send: Y                      *
*Date Received(MMDDYY): 060691   Source( N/E/S ): N Non-Notifier Flag:                      *
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:          *
*Name of Installation: RAINES DALE E INC                                                              *
*                               Installation Location Address                                          *
*Streets: 300 VIRGINIA ST W                                           *
*City: CHARLESTON                               State: WV      Zip: 25302                      *
*County Code: 039      County Name: KANAWHA                                                              *
*                               Installation Mailing Address                                          *
*Streets: PO BOX 6203                                           *
*City: CHARLESTON                               State: WV      Zip: 25362                      *
*                               Contact Information                                                    *
*   Last Name      First Name      Title      Phone      Address(M,L,O) *
* ARDAM            BEN              OFFICE MGR      3043438352      M                      *
*Streets: PO BOX 6203                                           *
*City: CHARLESTON                               State: WV      Zip: 25362                      *
*Land Type:                                                              *
*****
* Enter-Continue      F1-Previous Screen      F3-Exit                                          *
*****

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*****
*                               RCRIS: Notification View Screen 3 of 6                               *
*****
* EPA ID: WVD988781787      Other ID:                               Source: N                      *
*                               *                               *                               *
* Owner Sequence Number: 1                                           *
* Ownership: RAINES DALE E INC                               Type of Owner: P                      *
*                               *                               *                               *
*                               Address of Owner/Operator                                          *
*                               *                               *                               *
*   Street: 300 VIRGINIA ST W                                           *
*   City: CHARLESTON                               State: WV Zip Code 25302                      *
*   Phone: 3043438352                                                              *
*                               *                               *                               *
* Current/Previous Indicator: CO      Change Date(MMDDYY):                      *
*                               *                               *                               *
*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F5-Curr. Owner *
* F6-Prev. Owner      F8-Help      F9-First      F10-Next      *
*****

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*****
*                               RCRIS: Notification View Screen 4A of 6                               *
*****
* EPA ID: WVD988781787      Other ID:                               Source: N                      *
*                               *                               *                               *
*                               RCRA Reg      RCRA Reg      State Reg      State Reg *
* Waste Activity      Type      Status      Desc      Status      Desc      *
* -----            - - - - -            - - - - -            - - - - -            - - - - - *
* HW Generator:      3              R                                                              *
* HW TSD:                                                              *
* HW Transporter:                                                              *
* Transport Mode: Air:      Rail:      Highway:      Water:                      *

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*
*
*      Other:
* HW Burner/Blender:
* NHW Used Oil Recycler:
* -----
* Underground Injection Control:
* Recycler:
*
*
*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F8-Help
*****

*****
*      RCRIS: Notification View Screen 5 of 6
*****
*      EPA ID: WVD988781787  Other ID:      Source: N
*
*      Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical
*      D000      D001
*
*
*
*
*
*
*
*
*
*
*****
*Enter-Continue      F1-Previous Screen      F3-Exit
*F8-Help      F9-First      F10-Next
*****

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ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ #VD988781787 03/11/97

INSTALLATION ADDRESS

SAM JOHNSON USED CARS & TRUCKS  
300 VIRGINIA ST W  
CHARLESTON , WV 25302  
SAM JOHNSON OWNER

300 VIRGINIA ST W  
CHARLESTON , WV 25302